## **MEDICAL HISTORY QUESTIONNAIRE**

**WHEN:** Within two months after the first planned service.

**UPDATES:** When clinically appropriate, review at least annually.

**ON WHOM:** All clients receiving services beyond two months.

**COMPLETED BY:** The client or a support person.

MODE OF

**COMPLETION:** Hand written on form HHSA:MHS-911 or 921 (Spanish Version).

REQUIRED

**ELEMENTS:** All pertinent sections, both front and back.

BILLING: Write a progress note referencing the Medical History Questionnaire. Note in the

column the procedure code and the total number of minutes. Refer to billing record for appropriate procedure code. To calculate total numbers of minutes include preparation time, interview time, and documentation time. Also note in the column

the number of minutes spent solely as face-to-face time (direct time).

For Example: Total: 120 Minutes

Direct: 60 Minutes

Refer to billing record for appropriate procedure code.